POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	69200	
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Best Available Copy

Final	Original	Claim		Date				
	1							
	2							
	3							
	4							
	5							
	6							
	7							
1	8							
3	9							
2	10							
4	11							
	12							
	13							
5	14							
6	15							
8	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
	24							
	25							
	26							
8	27							
9	28							
10	29							
11	30							
	31							
12	32							
	33							
	34							
	35							
	36							
	37							
	38							
	39							
	40							
13	41							
14	42							
	43							
	44							
15	45							
16	46							
17	47							
18	48							
19	49							
	50							

Final	Original	Claim		Date				
	51							
	52							
	53							
	54							
	55							
	56							
	57							
	58							
	59							
	60							
	61							
	62							
	63							
	64							
	65							
	66							
	67							
	68							
	69							
	70							
	71							
	72							
	73							
	74							
	75							
	76							
	77							
	78							
	79							
	80							
	81							
	82							
	83							
	84							
	85							
	86							
	87							
	88							
	89							
	90							
	91							
	92							
	93							
	94							
	95							
	96							
	97							
	98							
	99							
	100							

(LEFT INSIDE)